Effective October 1, 2003														
			SMALL I	NTITY.	OR		THAN ENTITY							
TOTAL CLAIMS			9					RATE	FEE	7	RATE	FEE	1.	
FOR .			NUMBER FILED N		NUME	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00]	
TOTAL CHARGEABLE CLAIMS			// minus 20= .* ^					X\$ 9=		OR	X\$18=]	
INDEPENDENT CLAIMS			/ m	inus 3 =	•	•—		X43=	 	OR	X86=	·	1	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT						 	1		2.0	1	
• 1	the difference		+145=	<u> </u>	OR	L	200	┨.						
•	' / /		TOTAL	<u> </u>	OR	TOTAL	1060	1						
/	4114106	CAIMS AS A (Column 1)		(Colum		(Column 3)		SMALL	ENTITY	QЯ	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PLATE	ADDI- TIONAL FEE	ONAL	
	Total	· (Q)	Minus	- /		=		X\$ 9=		OR	X\$18=			
	Independent	• /	Minus	- 2)	=	İ	X43=	1	OR	X86=		1	
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		Ì	+145=			+290=			
								TOTAL		OR	TOTAL	:		
	i	(Column 1)		(Colum	ın 2)	(Column 3)	A	DDIT. FEE	L	10	ADDIT. FEE		-	
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE].	RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	ſ	X\$ 9=		OR	X\$18=	· ·		
	Independent	•	Minus	***		ε .	ı	X43=		OR	X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		Š	
							L	+145=		OR	TOTAL	•	:5	
							A	DDIT, FEE		OR	ADDIT. FEE			
		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)			4001			4801		
AMENDMENT C		REMAINING AFTER AMENDMENT	·	PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$18=			
	Independent	•	Minus	***		=	F	X43=			X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·			
If the entry in column 1 is less than the entry in column 2, write '0' in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE		ı		
		mber Previously Pa ber Previously Paic									. •		1	

Application or Docket Number